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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	GF001
	First Named Inventor	GORDON D. FONG
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	9/6/03
	Art Unit	
	Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR A WIRELESS TETHER SYSTEM

(Title of the Invention)

the specification of which

☒ is attached hereto**OR**☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		Certified Copy Attached?	
					Yes	No
			<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number: OR ☒ Correspondence address below

Name

C. BART SULLIVAN

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State

CA

ZIP

94510

Country

USA

Telephone

707-746-1762

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:



A petition has been filed for this unsigned inventor

Given Name

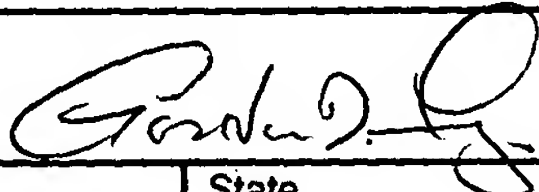
(first and middle [if any])

GORDON D.

Family Name

or Surname

FONG

Inventor's
Signature


Date

9/6/03

Residence: City

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State

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Country

USA

Citizenship

USA

Mailing Address

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State

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Country

USA

NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

Given Name

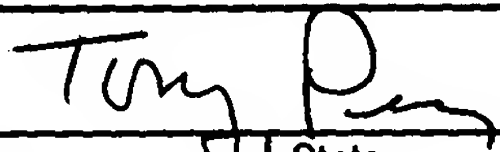
(first and middle [if any])

TONY

Family Name

or Surname

PEREZ

Inventor's
Signature


Date

9/6/2003

Residence: City

BENICIA

State

CA

Country

USA

Citizenship

USA

Mailing Address

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City

BENICIA

State

CA

ZIP

94510

Country

USA

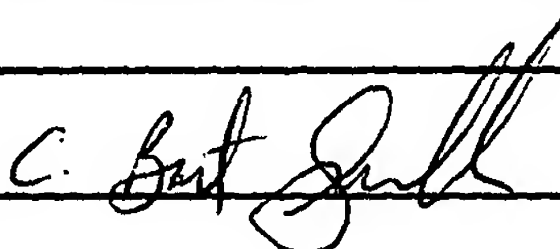


Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

DECLARATION**ADDITIONAL INVENTOR(S)**

Suppl m ntal Sh et

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
C. BART		SULLIVAN	
Inventor's Signature 		Date 9/6/03	
BENICIA Residence: City	CA State	USA Country	USA Citizenship
1543 SHERMAN DR. Mailing Address			
Mailing Address			
BENICIA City	CA State	94510 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Applicati n Number

Filing Date

9/6/03

First Named Invent r

GORDON D. FONG

Title

METHOD AND APPARATUS FOR A WIRELESS

Art Unit

TETHER

Examiner Name

Attorney Docket Number

GF001

I hereby appoint:

☐

Practitioners at Customer Number:

OR

☒

Practitioner(s) named below:

Name	Registration Number
C. Bart Sullivan	41,516

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐

The above-mentioned Customer Number:

OR

☐

The address associated with Customer Number:

OR

☒Firm or
Individual Name

Bart Sullivan

Address

1543 Sherman Dr.

Address

City

Benicia

State

CA

Zip

94510

Country

United States

Telephone

707-746-7162

Fax

801-640-3947

I am the:

☒

Applicant/Inventor.

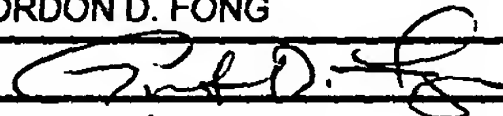
☐Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

GORDON D. FONG

Signature



Date

9-6-2003

Telephone

707-748-1387

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒

*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Applicati n Number

Filing Date

First Named Inv nt r

Title

Art Unit

Examiner Name

Attorney Docket Number

GORDON D. FONG

METHOD AND APPARATUS FOR A WIRELESS

TETHER

GF001

I hereby appoint:

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Practitioner(s) named below:

Name	Registration Number
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Bart Sullivan

Address

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State

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94510

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United States

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707-746-7162

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801-640-3947

I am the:

☒

Applicant/Inventor.

☐

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

TONY PEREZ

Signature

Tony Perez

Date

9-6-03

Telephone

707-747-0433

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Application Number	
Filing Date	9/6/03
First Named Inventor	GORDON D. FONG
Title	METHOD AND APPARATUS FOR A WIRELESS
Art Unit	TETHER
Examiner Name	
Attorney Docket Number	GF001

I hereby appoint:

☐ Practitioners at Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
C. Bart Sullivan	41,516

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Bart Sullivan				
Address	1543 Sherman Dr.				
Address					
City	Benicia	State	CA	Zip	94510
Country	United States				
Telephone	707-746-7162	Fax	801-640-3947		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	C. BART SULLIVAN		
Signature	<i>C. Bart Sullivan</i>		
Date	9/6/03	Telephone	707-746-1762

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